



ANNUAL HEALTH UPDATE 2015-2016

Student: _____ **Grade:** _____ **Teacher:** _____

MY CHILD HAS HEALTH NEEDS REQUIRING SPECIAL CONSIDERATION AT SCHOOL.

Please update your child's health status and assist our school personnel in identifying potential school emergencies and health issues which may affect your child's learning and well being while at school. Check any that pertain to your child.

_____ ADD/ADHD	_____ Allergies	_____ Asthma	_____ Diabetes
_____ Hearing/Vision	_____ Heart Problems	_____ Injuries	_____ Mental/Emotional
_____ Scoliosis	_____ Seizures		
_____ Other, specify: _____			

If allergies checked, specify: _____

My child needs to be seated at the nut free table for lunch: ___yes ___no

If any of the above are checked: specify symptoms, treatment, restrictions and needed adjustment: _____

****Students with Asthma/Severe Allergies/Diabetes must have Emergency Action Plans in place at school****

MY CHILD HAS NO HEALTH NEEDS REQUIRING SPECIAL CONSIDERATION AT SCHOOL.

IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE IF CHANGES OCCUR. *If your child's health changes at any time throughout the school year, please complete another form and submit it immediately to the office so records can be updated. The school nurse can be contacted directly at: sarndt@stpatselkhorn.org*

- List all medications (include inhalers) your child is currently taking (include name, dose, time and reason):

**THE MEDICATION AUTHORIZATION FORM CAN BE FOUND ON THE SCHOOL WEBSITE OR IN THE OFFICE.
*IT MUST BE COMPLETED FOR ANY MEDICATIONS TO BE GIVEN AT SCHOOL.***

- Immunizations in the **PAST YEAR ONLY** (please attach a copy of immunization record)
- History of Chicken Pox Disease? _____yes, (specify year _____) _____no
- Date of last exam by eye care provider and results: _____
- Date of last exam by dentist and results: _____
- List of physician/phone numbers: _____

I understand the above information may be shared with school personnel responsible for the well being of my child.

Parent/Guardian Signature _____ Date _____

Phone Number: (primary) _____ (secondary) _____

Second Contact Parent/Guardian/Emergency Contact _____

Phone Number: (primary) _____ (secondary) _____